

Name in Full

Certificate of Death

Gertrude L. Brown

Town

County

Died at

Cooksey

Charles

MARYLAND

Date 1906-

Month

Day

Y.

M.

D.

Native of

Occupation

4

13

Age 18

—

Md.

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Dan Brown

Maiden Name

Gracie Brown

Cause of

Primary

Consumption

How long sick

9 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

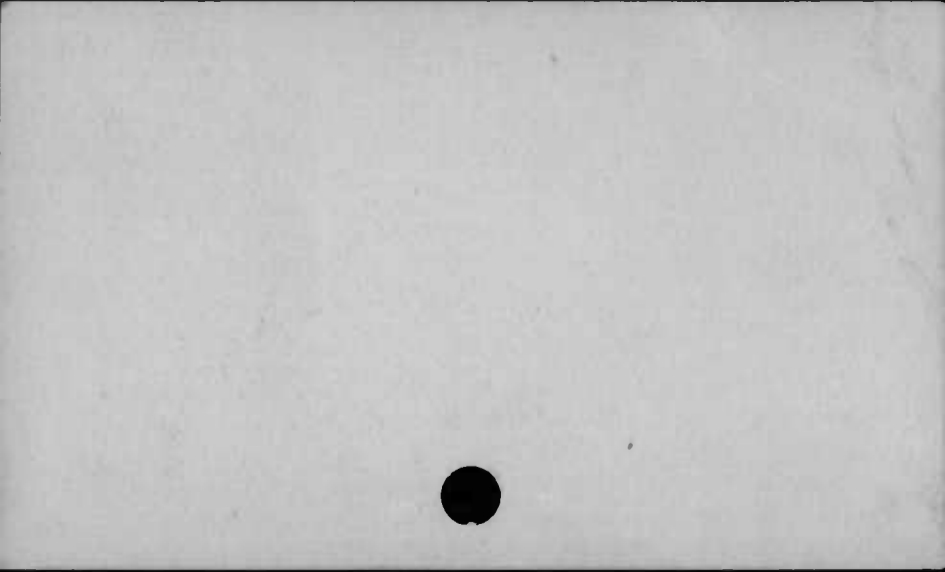
J. L. Higdon,

Address

Nayside

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mollie Briscoe

CERTIFICATE OF DEATH

MARYLAND

Died at New Perry

Town

Charles

County

Date
of death 1905Month
11Day
8Age
50

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Pr Geo Co Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Peter Briscoe

Father's
Name

Bruce Marshall

Father's
Birthplace

Charles Co Md

Mother's
Maiden Name

Lucilia Bowman

Mother's
Birthplace

Pr Geo Co Md

Name of person giving
information

Peter Briscoe

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Grippe

How long

1 mo

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

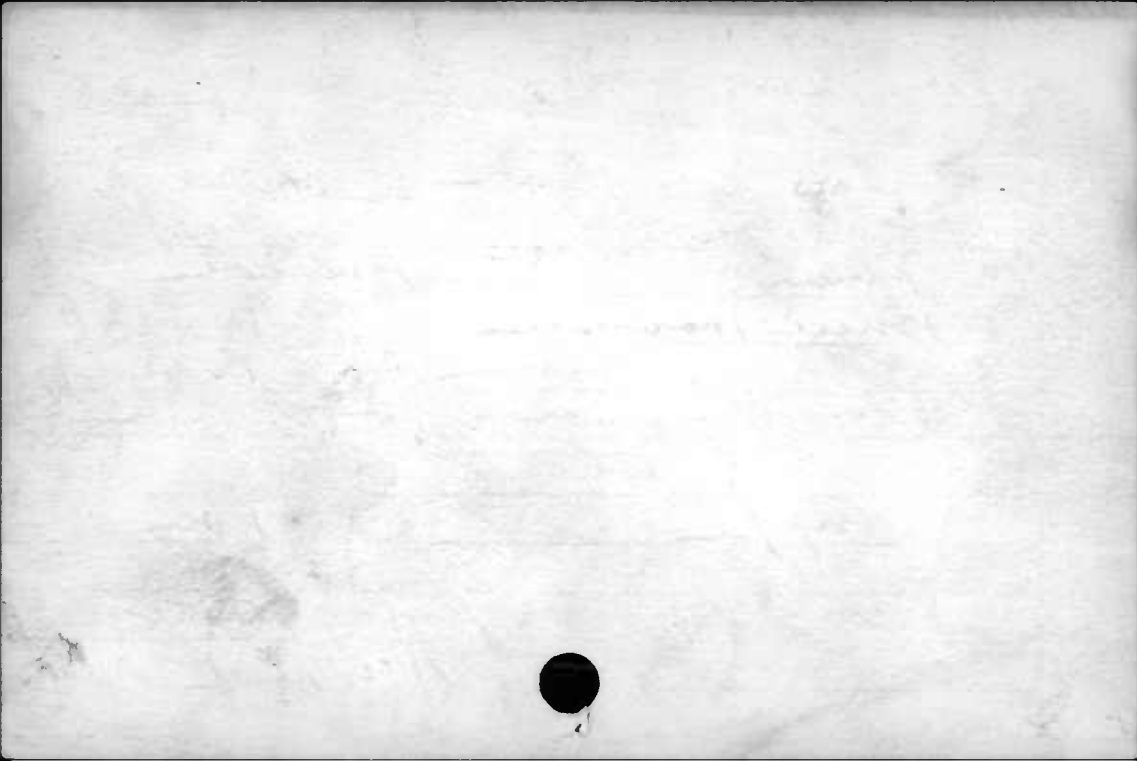
Harry Haller

Address

Hawthorn End

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Horace Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wiconisco		County Charles		MARYLAND					
Date of death		Month Apr		Day 11 th		Age 3		Months		Days	
Sex Male		Color or Race Colored		Birth- place Washington D.C.							
Occupation None				Where Residing if not at place of death Charles							
Married, Single or Widowed Single		Name of Wife or Husband									
Father's Name Not Known				Father's Birthplace							
Mother's Maiden Name Mary Brown				Mother's Birthplace St. Mary Co							
Name of person giving In formation Jas. Brown				How related to deceased Grandfather							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Not Known		How long 2 yrs	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician W. S. Galis	
				Address Sufr Reg	
Accident or Suicide?					



Name
in
Full

Julia Butler

CERTIFICATE OF DEATH

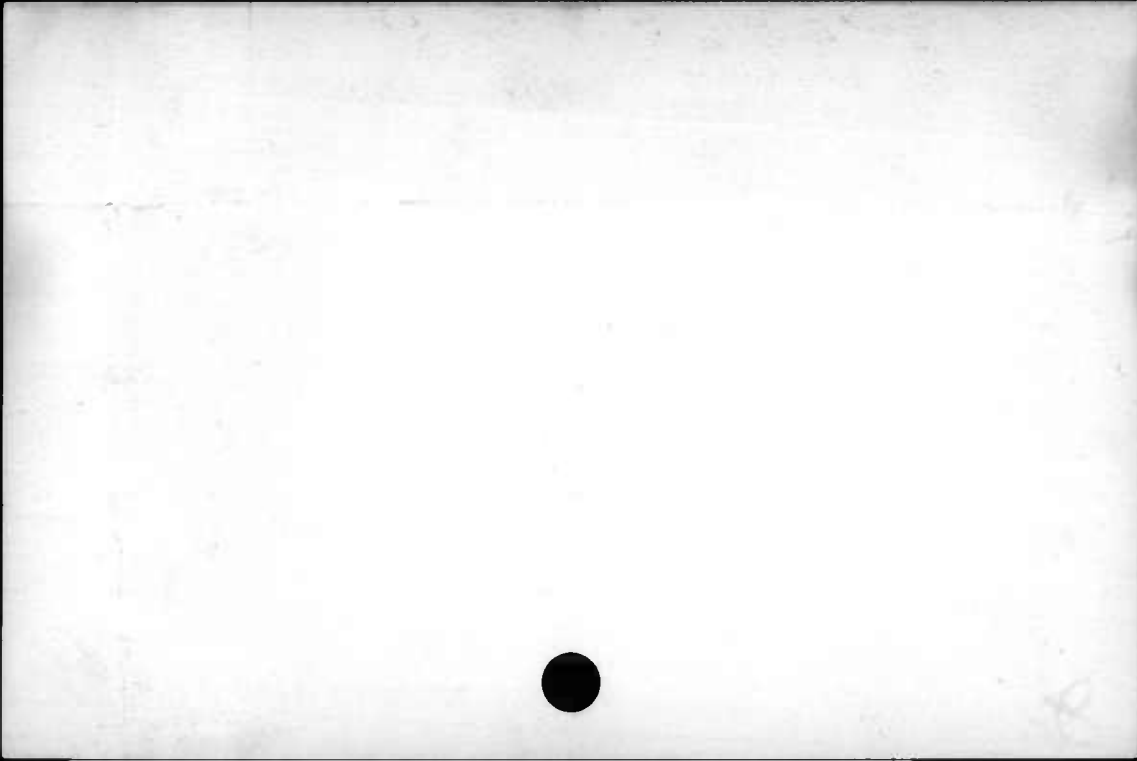
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>issus</i> Town		<i>Charles</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>7</i>	Day <i>10</i>	Age <i>39</i>	Months	Days
Sex		Color or Race		Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John H Jackson</i>		Father's Birthplace			
Mother's Maiden Name <i>Zippie Jackson</i>		Mother's Birthplace			
Name of person giving information <i>Furth</i>		How related to deceased			

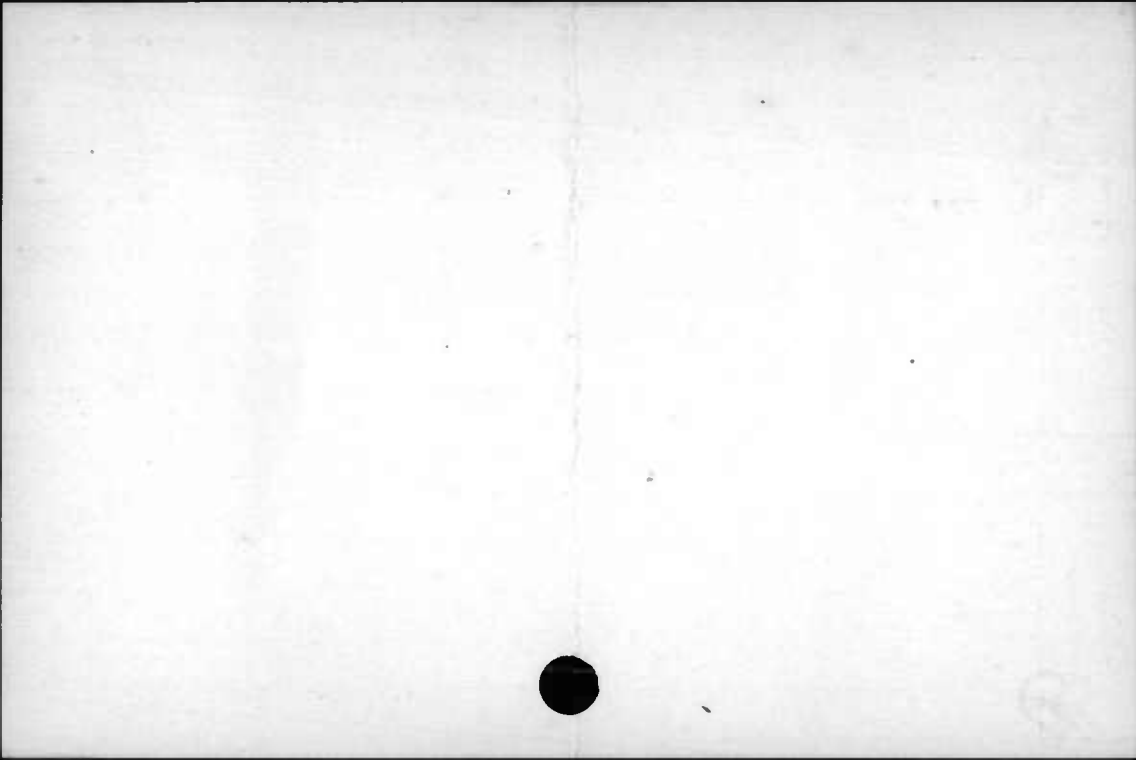
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Syphilitic</i>	How long <i>8 weeks</i>
Immediate <i>meningitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. L. Higdon</i>
	Address <i>inside</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH	
John T. Leary		Benditt		Chesley		MARYLAND			
Died at		Date of death	Month	Day	Age	Years	Months	Days	
1905		4	23	74					
Sex		Color or Race		Birth-place					
Male		White		Md					
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Married		Barnes							
Father's Name		Father's Birthplace							
		St. Marys							
Mother's Maiden Name		Mother's Birthplace							
		St. Marys							
Name of person giving information		How related to deceased							
John Buchler		Son in law							
CAUSES OF DEATH									
Primary		How long							
Immediate		How long							
Heart failure		179				See a day			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address					
Yes		J. C. Chappelle M.D.		Stuyvesantville Md					
Accident or Suicide?									



Name

in
Full

Matthias Dyson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Alton</i>		County <i>Charles</i>		MARYLAND	
Date of death	1905	Month	April	Day	15
Age		Years		Months	
65					
Sex	Male		Color or Race	Colored	
Birth-place	Charles Co.				
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Widowed					
Father's Name			Father's Birthplace		
not known			Dint no		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		
William E Dyson			Son		

CAUSES OF DEATH

Primary	<i>Cardiac Thypo. + Mitral Insuff.</i>		How long	<i>years</i>
Immediate	<i>Cardiac failure due to rupture coronary arteries</i>		How long	<i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		<i>Effernand</i>		
Address		<i>Bel Alton</i>		
Accident or Suicide?		<i>Charles C. Nash</i>		



Name
in
Full

CERTIFICATE OF DEATH

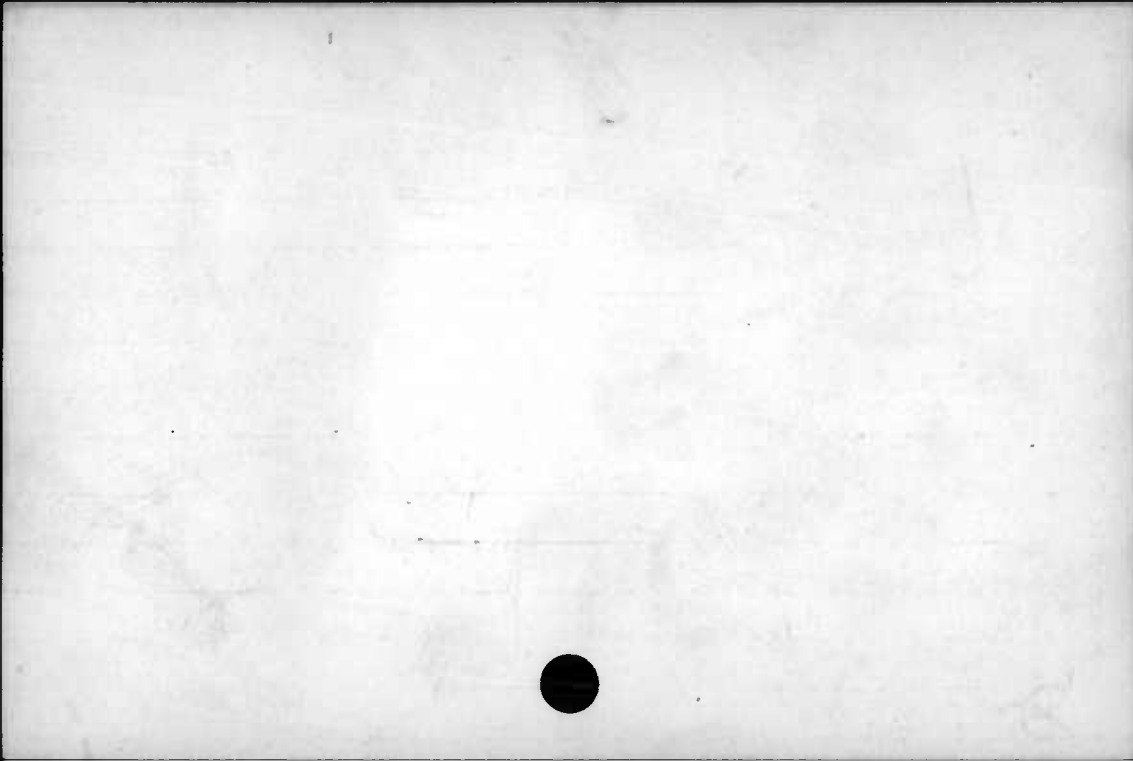
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Not Hamrick</i>		Town <i>Dean Bury</i>		County <i>Charles</i>		MARYLAND	
Died at		Date of death <i>1901 - Spring</i>		Month <i>11</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mich</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>A. B. Gaidner</i>		Father's Birthplace <i>Mich</i>	
Mother's Maiden Name <i>Mary A. Bruch</i>		Name of person giving information <i>J. B. Gaidner</i>		Mother's Birthplace <i>Mich</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stilt Burn</i>	How long	<i>5.</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. O. Morris</i>	
		Address <i>Waldorf</i>	
Accident or Suicide? <i>—</i>		<i>Mich</i>	



Name
in
Full

CERTIFICATE OF DEATH

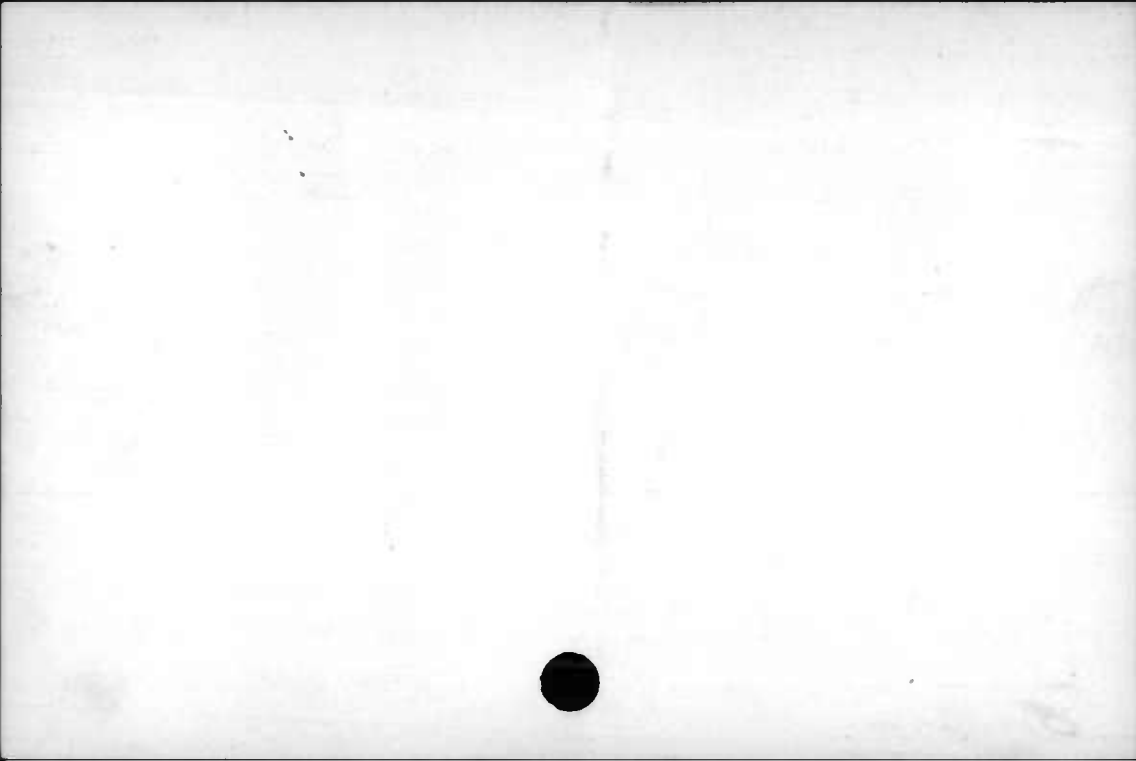
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Lora Henson		Town Nanperry		County Char		MARYLAND	
Died at Nanperry		Month Apr		Day 17		Years 30	
Date of death 1905		Months -		Days -			
Sex Female		Color or Race Black		Birth-place md			
Occupation Home wife		Where Residing if not at place of death -					
Married, Single or Widowed Married		Name of Wife or Husband Fred Henson					
Father's Name Jess. Simpson		Father's Birthplace md					
Mother's Maiden Name Mary Small		Mother's Birthplace md.					
Name of person giving information Walter Barber		How related to deceased -					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary From child birth -		How long 7 or 8 days	
Immediate -		How long 140	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician S. H. Speasce	
		Address Brayline	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name
in
Full

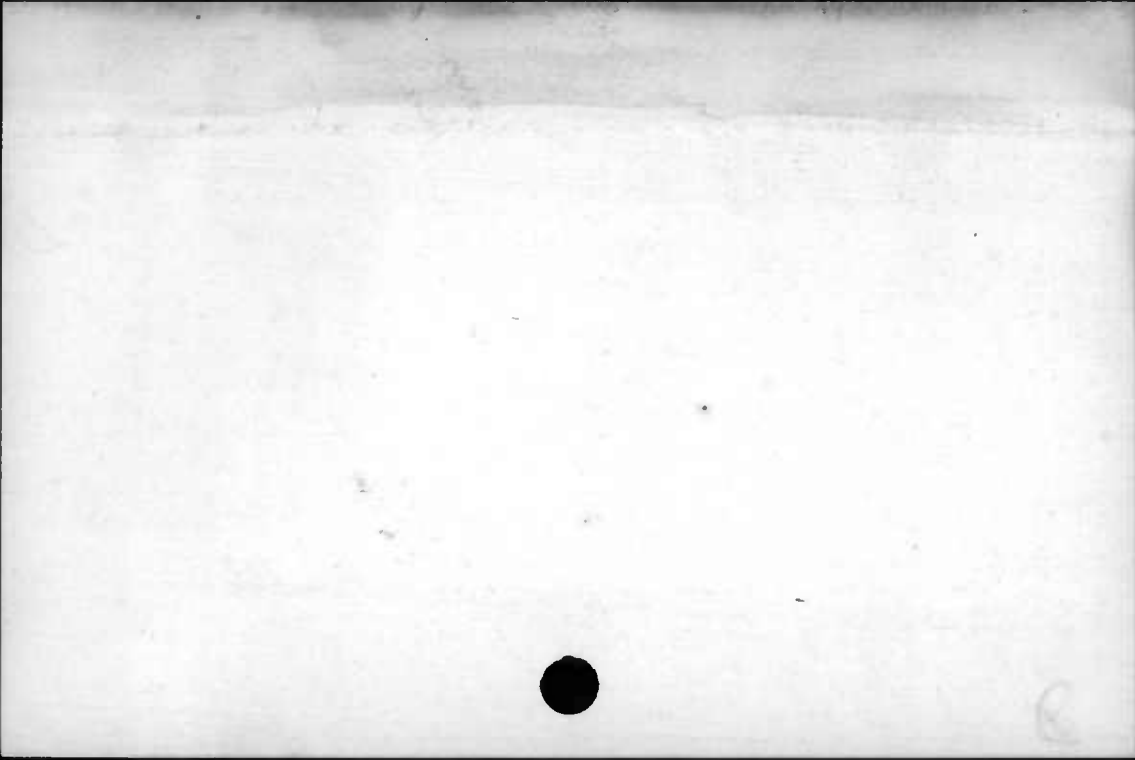
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

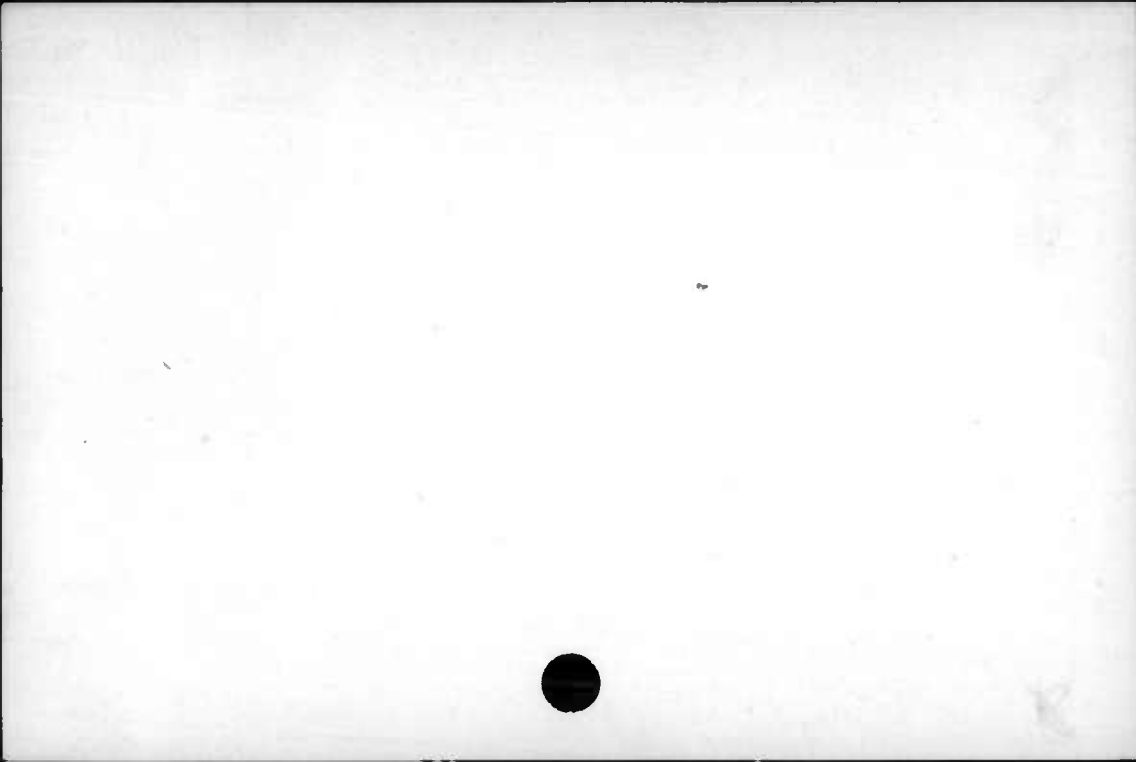
Name <i>Elizabeth Jackson</i>		Town <i>Marston</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Marston</i>		Month <i>April</i>		Day <i>17</i>		Years <i>3</i>	
Date of death <i>1905</i>		Month <i>April</i>		Day <i>17</i>		Years <i>3</i>	
Sex <i>female</i>		Color or Race <i>Black</i>		Birthplace <i>Charles</i>		Months	
Occupation		Where Residing if not at place of death		Days			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Edward Jackson</i>		Father's Birthplace <i>Charles</i>					
Mother's Maiden Name <i>Rosey Posey</i>		Mother's Birthplace <i>Charles</i>					
Name of person giving information <i>Edward Jackson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Burned to death</i>	How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Maximillian Clements</i>
			Address <i>Ironsider Charles County Md</i>
Accident or Suicide			



Name in Full		Robert Milburn				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>New LaPlara</i>		County <i>Chance</i>		MARYLAND			
		Date of death	Month	Day	Age	Years	Months	Days	
		1905		4	—	—	—	7	—
		Sex	Color or Race		Birth-place				
		Man	Negro		Chance Co.				
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
		Single							
		Father's Name		Father's Birthplace					
		Martin Milburn		Chas. Co.					
		Mother's Maiden Name		Mother's Birthplace					
		May Thomas		Chas. Co.					
		Name of person giving information		How related to deceased					
		Martin Milburn		Father					
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		How long					
		Pneumonia		a few days					
		Immediate		How long					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		Yes		Address					
		Henry B. Robinson		LaPlara					
		Accident or Suicide?		Tub. Co.					



Name
in
Full

Henry Pierce

CERTIFICATE OF DEATH

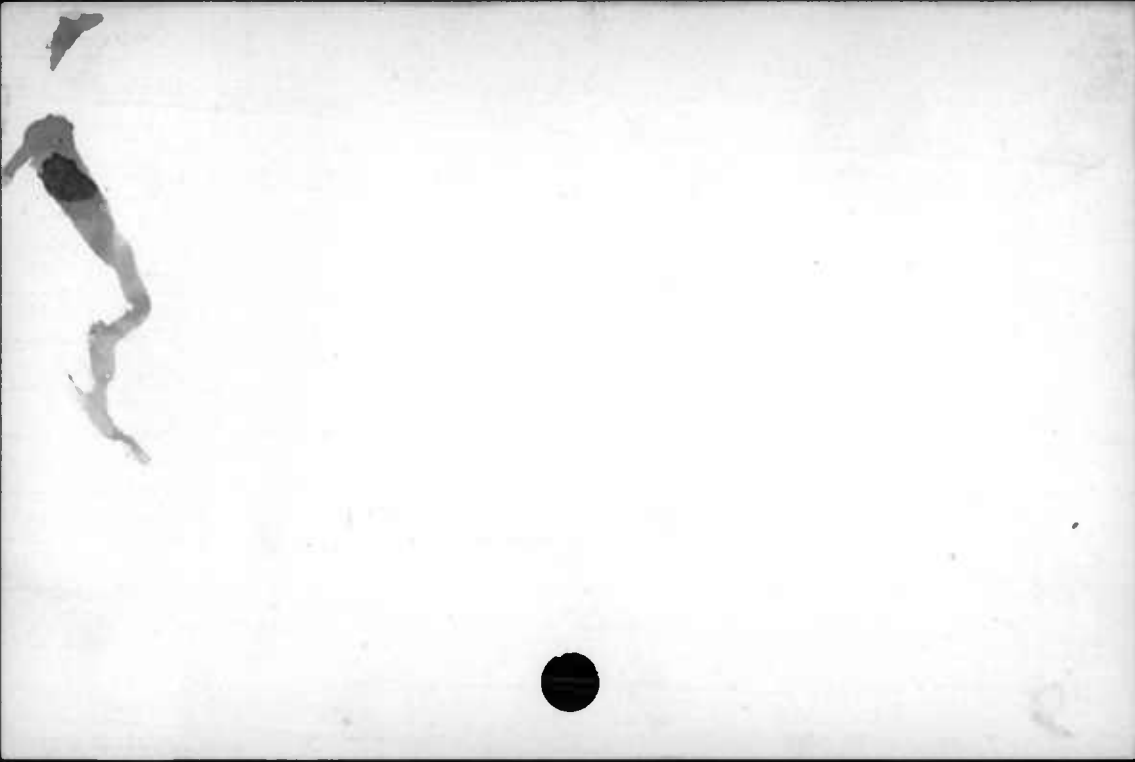
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>La Plara</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>16</i>	Age <i>78</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Charles Co.</i>		
Occupation <i>Farm & Ditcher</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Yellie Pierce</i>				
Father's Name <i>Isaac Pierce</i>	Father's Birthplace <i>Charles Co.</i>				
Mother's Maiden Name <i>Mary</i>	Mother's Birthplace <i>Charles Co.</i>				
Name of person giving information <i>Solomon Dueser</i>	How related to deceased <i>Not Related</i>				

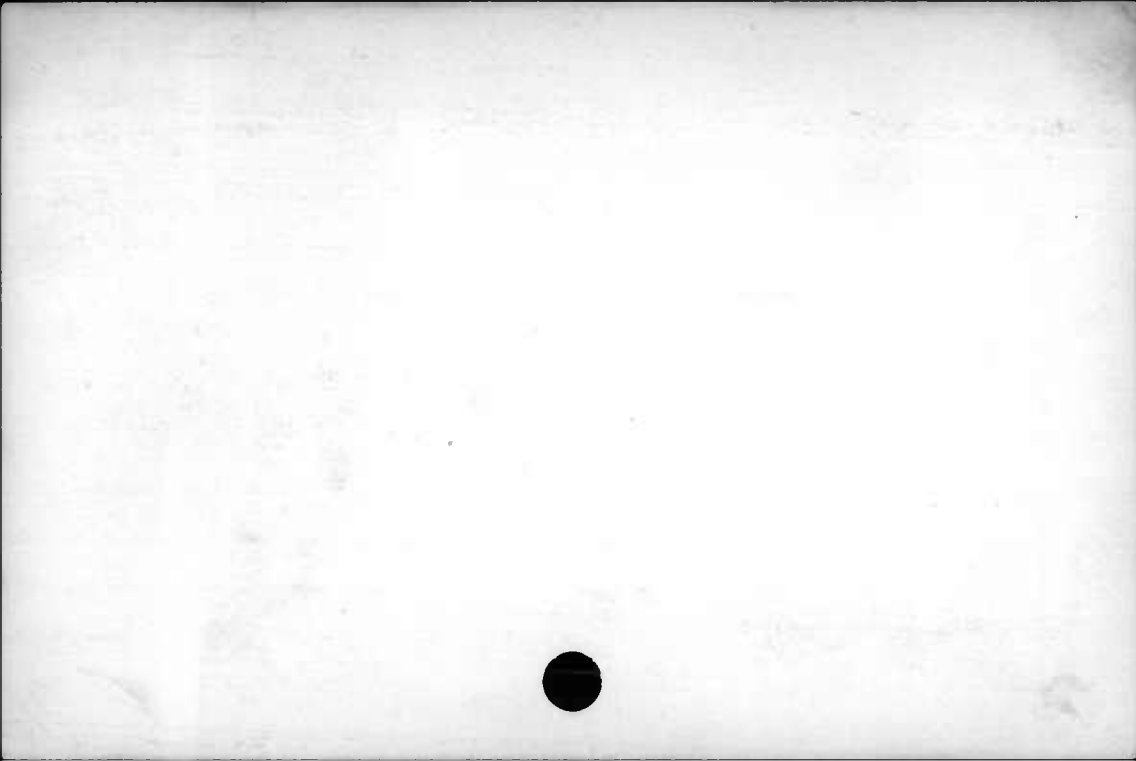
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <div style="font-size: 40px; margin: 0;">64</div> <div style="font-size: 20px; margin-left: 10px;">✓</div> </div>	How long
Immediate <i>Apoplexy</i>		How long <i>20 mins</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry B. Robertson</i>
Address <i>La Plara</i>		<i>MD</i>
Accident or Suicide? <i>Not</i>		



Name in Full Frank C. Procter		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Chickamauxen <small>Town</small>		Charles <small>County</small>
	<div style="display: flex; justify-content: space-between;"> <div> DATE of death 1905 </div> <div> Month 4 </div> <div> Day 14 </div> <div> Age 4 </div> <div> Years 4 </div> <div> Months 4 </div> <div> Days </div> </div>		
	Sex Male		Color or Race C
	Occupation None		Birth-place Ind
	Where Residing if not at place of death —		
	Married, Single or Widowed S		Name of Wife or Husband
	Father's Name Richard Procter		Father's Birthplace Ind
Mother's Maiden Name Jennie Dummions		Mother's Birthplace Ind	
Name of person giving information Richard Procter		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Spinal Meningitis		How long (61)
	Immediate Convulsions		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. L. Hannon M.D.
	Accident or Suicide?		Address Mason Springs Ind.



Name
in
Full

Mary P. Skarvus

CERTIFICATE OF DEATH

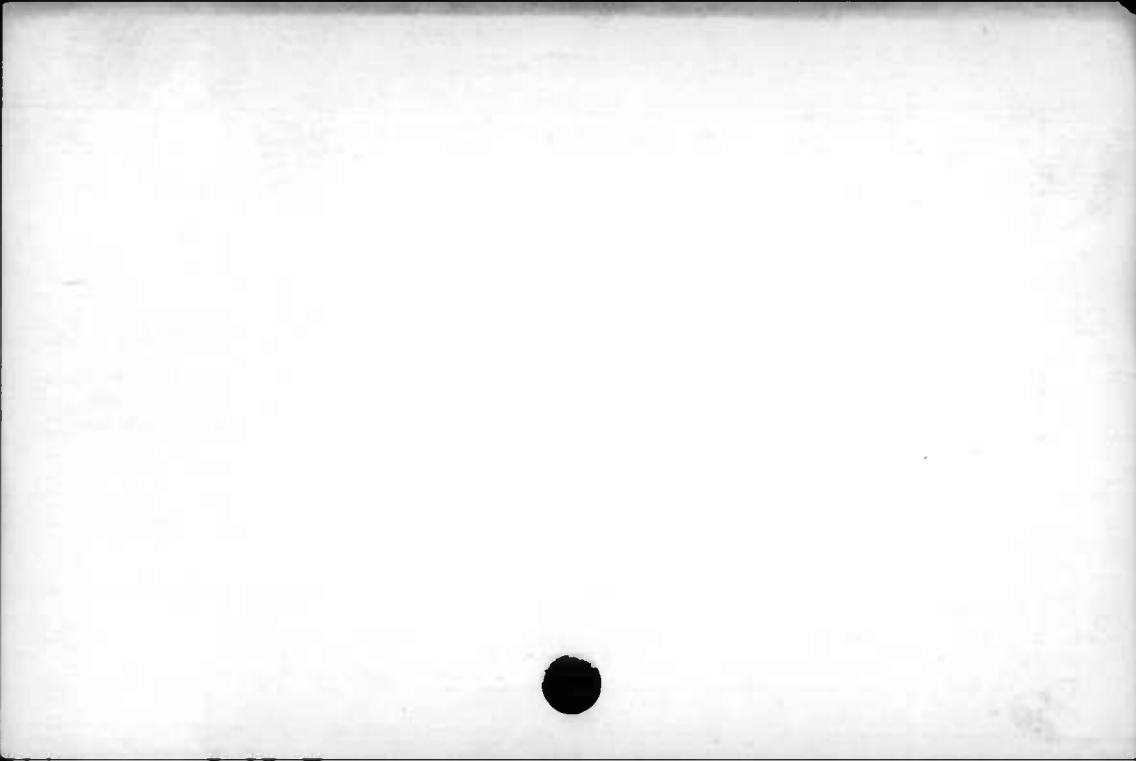
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>Apr.</i>		Day <i>21</i>		Years <i>22</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Charles Co</i>		Months <i>8</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Arthur L. Skarvus</i>					
Father's Name <i>Jr. Adkins</i>		Father's Birthplace <i>Charles Co</i>					
Mother's Maiden Name <i>Allie Bruce</i>		Mother's Birthplace <i>Charles Co</i>					
Name of person giving information <i>Arthur L. Skarvus</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>6 months</i>	
Immediate <i>Menstrual Tuberculosis</i>		How long <i>7 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>[Signature]</i>	
		Address <i>Bel Air</i>	
Accident or Suicide?		<i>Yes</i>	



Name
in
Full

Ellen Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at *M^d Conover* Town*Shelby* CountyDate
of death *1905*Month
*4*Day
12

Age

Years
*—*Months
*1*Days
6

Sex

*Female*Color or
Race*Black*Birth-
place*Chol. Co. Md*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*None*Father's
Name*Bernice Thomas*Father's
Birthplace*Chol. Co. Md*Mother's
Maiden Name*Ella Short*Mother's
Birthplace*Chol. Co. Md*Name of person giving
information*Bernice Thomas*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Croup

How long

1 day

Immediate

"

How long

*"*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*None attending*

Address

W. F. Brauer

Accident or Suicide?

*Death Recd*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Reported by W. H. Brown
Said Ray

Name
in
Full

Lee Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

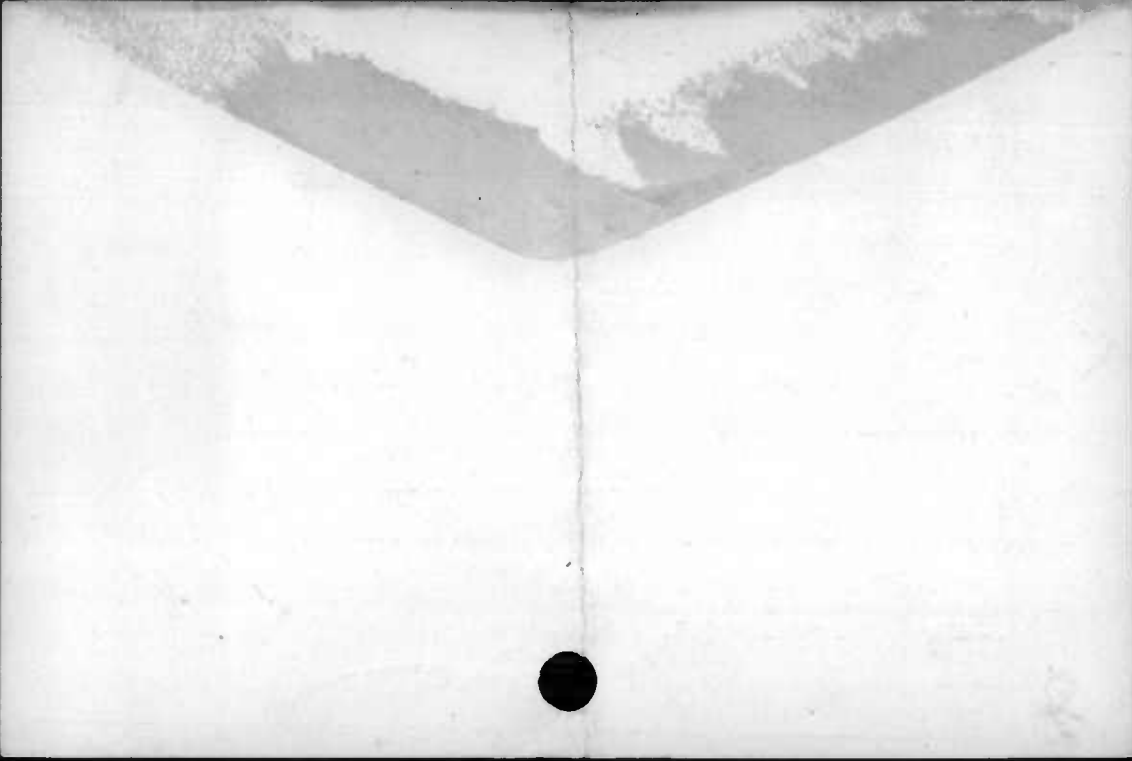
Died at <u>Hughsville</u> <small>Town</small>		<u>Charles</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>4</u> <small>Month</small>	<u>18</u> <small>Day</small>	<u>18</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Charles co</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single <u>or Widowed</u>		Name of Wife or Husband <u>Richard Thomas</u>			
Father's Name <u>Richard Cooper</u>		Father's Birthplace <u>Charles co</u>			
Mother's Maiden Name <u>Jennie Cooper</u>		Mother's Birthplace <u>Charles co</u>			
Name of person giving information <u>John Thomas</u>		How related to deceased <u>Father in law</u>			

CAUSES OF DEATH

Morass Mure

PHYSICIAN
OR CORONER

Primary <u>Heart-Failure</u>	How long <u>(12)</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>-</u>	Signature of Physician <u>H. C. Chappelen M.D.</u>
	Address <u>Hughsville</u>
Accident or Suicide?	<u>Med</u>



Name
in
Full

Rachel Thomas

CERTIFICATE OF DEATH

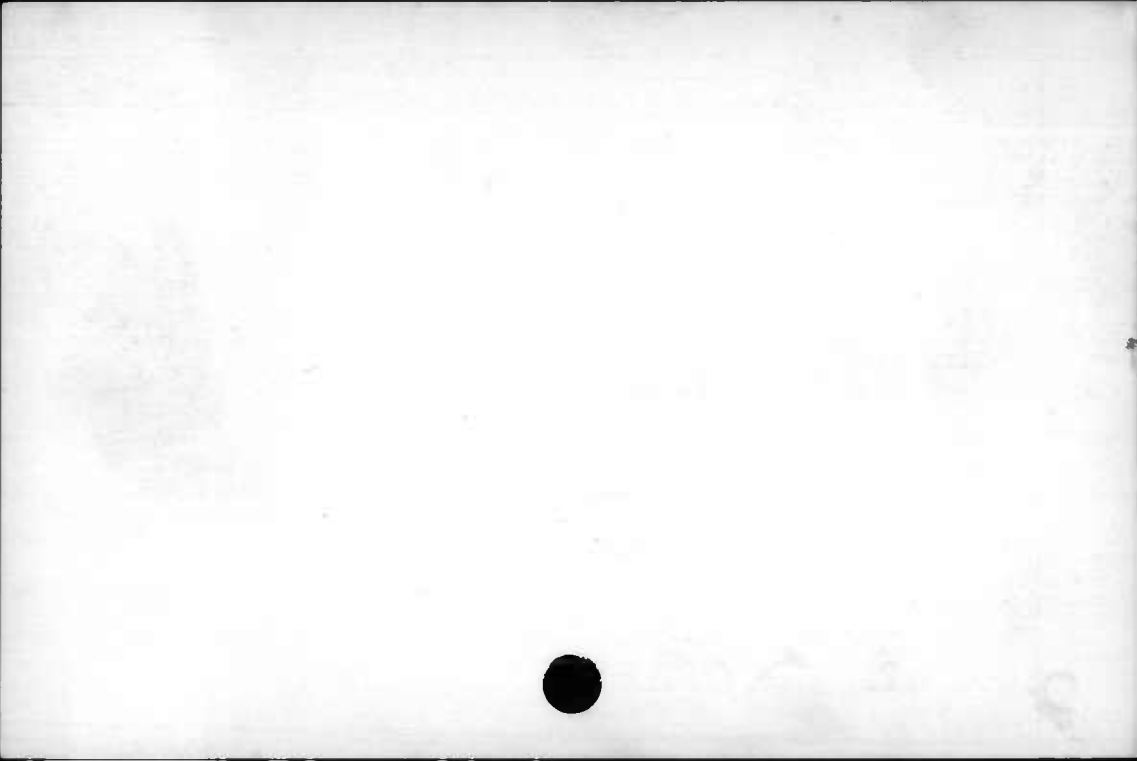
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Warr Post		County Charles		MARYLAND		
Date of death		1905	Month Apr	Day 20	Age 70	Years	Months —	Days —
Sex Female		Color or Race Colored		Birth-place Calver, Co				
Occupation Nurse				Where Residing if not at place of death —				
Married, Single or Widowed Widow		Name of Wife or Husband						
Father's Name J. H. Krum		Father's Birthplace —						
Mother's Maiden Name J. H. Krum		Mother's Birthplace —						
Name of person giving information Richard Morisy		How related to deceased Sister in law						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long	16 years
Immediate	Atheroma. Art. Heart Failure	How long	5 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Krum	
Yes		Address Bel Air Md	
Accident or Suicide?			



Name
in
Full

Thomas Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel allon</i> Tcwn		County <i>Charles</i>		MARYLAND	
Date of death <i>1905</i> Month <i>April</i> Day <i>21</i>		Age <i>_____</i> Years		Months <i>_____</i>	Days <i>13</i>
Sex <i>Male</i>		Color or Race <i>Colord</i>		Birth-place <i>Bel allon Md</i>	
Occupation <i>_____</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>George Thompson</i>		Father's Birthplace <i>Charles Co.</i>			
Mother's Maiden Name <i>Elizabeth Thompson</i>		Mother's Birthplace <i>Charles Co.</i>			
Name of person giving information <i>George Thompson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croup</i>	How long <i>10 days</i>
Immediate <i>Heart failure</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Peter W. Roby, Sub. Registrar</i>
	Address <i>Bel allon Md.</i>
Accident or Suicide?	



Name
in
Full

Morris Walters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Doncaster</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death <u>1900</u> ^{Month} <u>April</u> ^{Day} <u>5</u>		Age <u>2</u> ^{Years}		<u>0</u> ^{Months} <u></u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>B</u>		Birth-place <u>Charles City</u>	
Occupation		Where Residing if not at place of death <u>Doncaster</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Freeman Walters</u>		Father's Birthplace <u>Charles City</u>			
Mother's Maiden Name <u>Jennie Milstead</u>		Mother's Birthplace <u>2 2</u>			
Name of person giving information <u>Freeman Walters</u>		How related to deceased <u>Partner</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Teething and worms</u>	How long	<u>3 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. J. McKim</u>	
		Address <u>Det. Regt.</u>	
Accident or Suicide?			

